

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006260

**Entity Name:** ACTIVE COMMUNITY HEALTH CENTER OF BROWARD, INC

**Current Principal Place of Business:**

1000 N. HIATUS RD. SUITE  
SUITE # 162  
PEMBROKE PINES, 33026

**Current Mailing Address:**

19321 SW 14TH STREET  
PEMBROKE PINES, FL 33029 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

URIARTE, PABLO  
19321 SW 14TH STREET  
PEMBROKE PINES, FL 33029 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CEO  
Name URIARTE, PABLO  
Address 1000 N. HIATUS RD. SUITE 162  
City-State-Zip: PEMBROKE PINES FL 33026

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PABLO URIARTE

CEO

01/13/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date